A new kind of paternalism

A son reinterprets his father’s approach to his patients.

REVIEW BY CHARLES R. MEYER, MD

Thirty years ago, I sat in silent amazement as an older internist told the assembled physicians in the hospital doctors’ lounge about taking a syringe of Demerol into the nursing home room of his 95-year-old demented mother and giving her the last medication of her life. It had happened a few years before he related the tale, but given the atrocious quality of her existence and what he knew were her wishes, he had no qualms about what he had done. That scene replayed again and again for me as I read Barron Lerner’s The Good Doctor, in which he recounts the life and views of his infectious disease specialist father, Phillip Lerner, who believed adamantly that modern medicine had overreached its humane boundaries in keeping alive patients with no hope. Phillip knew what medical futility was before the current ethical debate about futility had even started.

A startling anecdote opens Lerner’s unfolding of his interaction with his dad. When he discovers that a patient of his who was considered terminal and beyond hope was about to be resuscitated, the elder Dr. Lerner laid down on top of him to prevent CPR from being done. This dramatic action capsulized Phillip Lerner’s approach to doctoring. Eminently trained by Louis Weinstein and other legends of infectious disease, he saw himself as his patients’ physician and, therefore, the one to make all decisions, from the trivial to the terminal, about their medical care. His training and his era, according to Barron, preached paternalism in the doctor-patient relationship. “Whether he was caring for a friend, a relative, or a stranger, my father’s clinical interactions were always dominated by a paternalistic philosophy. It made sense to him that, since physicians trained for decades, spent long hours in the hospital, and devoted themselves to the care of both the poor and the wealthy, they should call the shots, and patients should acquiesce.”

That philosophy first clashes with his son’s when Barron, finished with his initial medical training, is working on a PhD in bioethics and writing his dissertation about invasive procedures performed on skid row patients without adequate consent. With his next book, The Breast Cancer Wars, which told stories of surgeons performing deforming procedures to remove every evidence of cancer without total patient consent, Barron became a crusader for patient autonomy and a virtual expert in paternalism run amok.

The conflict between father and son crystallized when the elder Dr. Lerner began taking care of family members in their last days. Caring for his Aunt Libba, Phillip decided that no surgery or other aggressive therapy should take place and wrote in his journal, “Have Aunt Libba in the hospital, trying to perform ‘passive euthanasia.’” To Barron, the enlightened bioethicist, not only was his father violating the precept against caring for family members, but he was ignoring patient autonomy by unilaterally choosing comfort care without Aunt Libba’s consent. His father insisted that he knew best what was right for his patients, and he decried the trend in medicine to continue therapy even when it was futile. “My father believed that many well-meaning physicians and hospitals had lost sight of the basic human gesture of allowing a person to die in peace, free from suffering,” Barron writes. “It was his job, he thought, to encourage—even insist—that they do so.”

The Good Doctor contains one epiphany and one irony. Barron eventually realizes that his father’s medical care was not driven by blind paternalism, but by a comprehensive understanding of his patients that informed his decisions about them. “It is not as if my dad disregarded patients’ wishes and simply told them what to do. To the contrary, he believed that it was his job to incorporate what he had learned about them into his ultimate medical recommendations.” Ironically, at the end of Phillip’s life Barron takes charge of making decisions about his father’s care. “I was not just a doctor’s son, but a son,” he wrote as his father clung to life, opting for the type of aggressive treatment he had railed against for so many years.

So for the younger Dr. Lerner, paternalism and patient autonomy end up...
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being not simple evil and good. He decides that patients need empathetic, almost parental, guidance in making tough decisions about their medical care. “Research has shown that the more options patients are given, the more likely they are to throw up their hands and ask the doctor what to do,” he writes. “Just as paternalism’s historical moment came under fire, so, too, has the historical moment of pure autonomy.”

Lerner fears that in this era of specialists and hospitalists, finding that empathetic, knowing physician who can best guide patients might be difficult. “The emphasis in the doctor-patient relationship has shifted from physicians getting to know patients and their illnesses to physicians doing things for patients and their illnesses.” Yet even when the doctor knows the patient like a son, the decisions will never be simple. MM

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